

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/519635	
1 Date of Request: _____		2 Serial/Patent # _____			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/>	Filing	1	12/29/04	\$	100
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ 100	
		8 TO BE REFUNDED BY:			
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 1 6 -- 0 6 0 5 </div>			
<input checked="" type="checkbox"/>	Overpayment				
<input type="checkbox"/>	Duplicate Payment				
<input type="checkbox"/>	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>A. Johnson</u>			TITLE: <u>paralegal</u>		
SIGNATURE: <u>A. Johnson</u>			PHONE: <u>308-9940</u>		
OFFICE: <u>PCT</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: